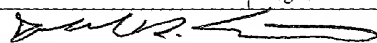


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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. <b>2420-0034</b>	
		First Inventor <b>David Weiss et al</b>	
		Title <b>CLOSURE INDICATOR FOR CUP LID</b>	
		Express Mail Label No.	
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>8</b> ] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention		b. Specification Sequence Listing on:	
- Cross Reference to Related Applications		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or	
- Statement Regarding Fed sponsored R & D		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention		ACCOMPANYING APPLICATION PARTS	
- Brief Summary of the Invention		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Brief Description of the Drawings (if filed)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
- Detailed Description		11. <input type="checkbox"/> English Translation Document (if applicable)	
- Claim(s)		12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
- Abstract of the Disclosure		13. <input type="checkbox"/> Preliminary Amendment	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Figs. 1-15 [Total Sheets 8]		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
5. Oath or Declaration [Total Sheets 3]		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
a. <input type="checkbox"/> Newly executed (original or copy)		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		17. <input type="checkbox"/> Other: _____	
1. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application No. <u>09/500,457</u> filed February 9, 2000 is	
a Continuation of Serial No. <u>09/337,033</u> filed June 28, 1999			
Prior application information: Examiner <u>J. Merek</u>		Group / Art Unit: <u>3727</u>	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		22204 (Insert Customer No. or Attach bar code label here)	
Name <b>Donald R. Studebaker</b>		or <input checked="" type="checkbox"/> Correspondence address below	
Address <b>NIXON PEABODY LLP</b>			
8180 Greensboro Drive, Suite 800			
City <b>McLean</b>	State <b>VA</b>	Zip Code <b>22102</b>	
Country <b>United States</b>	Telephone <b>(703) 790-9110</b>	Fax <b>(703) 883-0370</b>	
Name (Print/Type) <b>Donald R. Studebaker</b>	Registration No. (Attorney/Agent)	32,815	
Signature 	Date <b>3/20/01</b>		

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# FEE TRANSMITTAL FOR FY 2001

Patent fees are subject to annual revision.

## Complete if Known

Application Number **Not Yet Assigned**  
 Filing Date **March 20, 2001**  
 First Named Inventor **David Weiss et al**  
 Examiner Name **J. Merek**  
 Group Art Unit **3727**  
 Attorney Docket No. **2420-0034**

TOTAL AMOUNT OF PAYMENT (\$)  
 355.00

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number  
 19-2380

Deposit Account Name  
 NIXON PEABODY LLP  
 8180 Greensboro Drive Suite 800  
 Mclean, Va 22102

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	355.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)  
 710.00

### 2. EXTRA CLAIM FEES

Total Claims **14** -20\*\* = **0** X **0** = **0**  
 Independent Claims **2** -3\*\* = **0** X **0** = **0**  
 Multiple Dependent **0** = **0**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)  
 0.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English transaction	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.29(b))	
179	710	249	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)  
 0.00

## SUBMITTED BY

Name (Print/Type) **Donald R. Studebaker**

Registration No. **32,815**  
 (Attorney/Agent)

## Complete (if applicable)

Telephone **(703) 790-9110**

Signature

*Donald R. Studebaker*

Date

**3/20/01**

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